Case: 1:17-cv-01765 Document #: 23 Filed: 07/17/18 Page 1 of 1 PageID #:61

REQU

Citation to Discover Assets to a Third Party	(Rev. 12/19/14) CCM 0124 B
ANSWER OF THIRD PARTY RESPONDENT CITATIO  This first section must be filled out by the judgment creditor.  Citation/Respondent: Will Torgo SSN. xxx-xx- 8479 Case  Judgment Balance: \$24,447.50	ite: 7/18/2018
This is a Citation: Freeze up to double the Judgment Balance	
INTERROGATORIES	
1. On the date of service of the citation did you have in your possession, custody or control any personal property or monies belonging to the judgment debtor?  Yes  No	
If the answer is "yes" go to the next question. If "no", go to the ins	
<ol> <li>Is this an IRA account? Or have all of the deposits made during the past 90 days been electronical Social Security, Unemployment Compensation, Public Assistance, Veteran's Benefits, Pension or R from any other statutory exemptions?</li> </ol>	etirement or by a source drawing
If the answer is "yes" go to the next question. If "no", go to the ins	
3. Is/Are the account(s)' current balance(s) equal to or less than the total of the exempt deposits?	
If you answered "yes" to all three (3) questions and funds in the account(s) are exempt, do not freeze the funds.  Go to the "instructions" below.	
A. Savings Account \$ D, 5 21.58 \$ 49,295.  B. Check/MMA/Now Account \$ \$ \$ 49,295.  C. Certificate of Deposit \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	00
E. Safety Deposit	9:5
TOTAL AMOUNT FROZEN:  5. List all electronic deposits into account(s) and their source(s) except deposits:  Account No.  Source  Monthly Amou	FILED
6. List all joint account holders or adverse claimants:  Name Continutal Triancl Name Name	THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT
Address 4550 New Linden Hill Rd. Address Address Address	ess
Account Information: 19808 Account Information: Account Type: CD Checking CD Savings Type: Checking CD CD Savings Type	unt Information: e:   Checking CD Savings  Account Number:
INSTRUCTIONS	
(1.) Fill out and sign the certification below. (2.) This Answer must be filed at least three (3) days before processing. (3.) Fax or mail a copy of this Answer to (i) the Court, (ii) Plaintiffs attorney and (iii) Judg Municipal District, you may fax to (312) 603-6522 or mail to the Clerk of the Court, Richard J. Daleg Room 602, Chicago, IL 60602. (4.) You will receive a copy of a Court Order by fax or mail instructing send any withheld funds.	gment Debtor. If filing in the First y Center, 50 W. Washington Street,
CERTIFICATION	
Under the penalties as provided by law pursuant to Section 1-109 of the code of Civil Procedure, the under the forth in this instrument are true and correct and that I have mailed this Answer to Defendant	rt(s).
Date: JUL 11 2018 WELLS FARGO BANK Respondent Name: LEVY PROCESSING Print	Simone Adams AGENT Agent Name
Address: MAC SADOL DIF	()
City/State/Zip Code: PO. BOX 29779  Telephone: PHOENIX, AZ 85038-9779  Signature of Agent	
Telephone: PHOENIX, AZ 85038-9779 Fax: PHONE: 480-724-2000 FAX: 866-670-1561	ture of Agent